

**Application
Family Centered Support Model
Level II Intensive**

Consumer Name		Date Rec'd	
Consumer MaineCare #		Region/District	/
Provider Name		Reviewer Name	
ISC Name			

Provide a brief description of the factor(s) supporting this request for authorization of an Intensive Level II Home Support rate within the Family Centered Support Model as defined in the MaineCare Benefits Manual. Include specific information related to the individual's need and how the provider will meet the need, what training and skills are required and what types of documentation will be kept in addressing the specific need(s).

Request for Authorization Packet must include the following:
(Please check appropriate box)

- ☐ Current plan is attached (include addendums, quarterly reviews, specials, etc supporting request for funds)
- ☐ Documentation by licensed professional(s) supporting the individual's need (i.e. physicians' orders, evaluations etc.)
- ☐ Evidence of successful completion of training for specific medical procedures
- ☐ Evidence of successful completion of training for behavioral intervention
- ☐ Level II checklist

Signature of Provider		Date	
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Request for Intensive Level II authorization reflects an increase in skills, training and administrative responsibilities required of the provider relative to the individual's level of need.

The individual's annual plan must document how the provider will address each of the specific item(s) checked in the list below.

The approval for Level II funding is based on the Authorization Packet submitted by the provider in this application. Changes in the individual's need or established timeframe will require re-application.

The Member's Plan reflects the need for one or more of the following:
(Please Check Appropriate Box)

_____ Member has intensive health maintenance needs (i.e. tube feeding, IV Therapy, colostomy, ileostomy care) that require specialized knowledge and skills; and/or Member requires staff supervision and assistance for medical treatment which may include injections (i.e. diabetes); and/or member has long-term chronic or contagious disease requiring specialized precautions to protect the person served, direct providers or service and community members. A physician's order is required outlining the implementation for the specialized procedures or precautions.

_____ Member has need for continuous in-sight supervision for specific behavioral/safety intervention. (i.e. sexual abuse or exploitation, assault) or protection from self (i.e. Pica; head banging). Provider must have knowledge and skills to implement intervention strategy. The person's plan must outline the expectations and strategies to be used in providing the continuous in-sight supervision.

_____ Member has significant mental health or substance abuse issues that require prevention strategies and/or assistance in treatment due to hospitalizations and/or numerous psychiatric appointments. The plan must outline the specialized skills and knowledge required in order to provide documentation and on-going information to clinicians treating the specific diagnosis.

_____ Member has a written behavioral program plan currently in place that has the approval by one of the following: psychologist; psychiatrist; three person committee oversight/review. The plan must include methods of collecting data on the specific behavior and Provider must be trained by the clinician in data collection documentation.

For DHHS Office use only:

Request is:	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Deferred		
Authorizing Signature		Date	

Nov 27, 2007